

1 CIR/DIST / DIV CODE		2 PERSON REPRESENTED Ronald Washington		VOUCHER NUMBER	
3 MAG DKT /DEF NUMBER		4 DIST DKT /DEF NUMBER		5 APPEALS DKT /DEF NUMBER	
6 OTHER DKT NUMBER 20-CR-305(LDH)					
7 IN CASE/MATTER OF (Case Name) USA V Ronald Washington		8 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant		9 REPRESENTATION TYPE <input type="checkbox"/> D1 28 U S C § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other (Specify) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U S C § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency	
10 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
11 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Susan G. Kellman 25 Eighth Avenue Brooklyn, NY 11217 Telephone Number: (718) 783-8200		12 COURT ORDER: <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case (B) The attorney named in Item 11 is appointed to serve as: <input checked="" type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: Susan Kellman Appointment Date: 8/18/2020 (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel) <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order <div style="text-align: center;"> <u>Lois Bloom</u> Signature of Presiding Judge or By Order of the Court 8/25/2020 8/18/2020 Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			
CLAIM FOR SERVICES AND EXPENSES					
14 STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding CHECK NO MORE THAN ONE BOX Submit a separate voucher for each stage of the proceeding					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CAPITAL PROSECUTION a <input type="checkbox"/> Pre-Trial e <input type="checkbox"/> Appeal b <input type="checkbox"/> Trial f <input type="checkbox"/> Petition for the U S Supreme Court c <input type="checkbox"/> Sentencing i <input type="checkbox"/> Writ of Certiorari d <input type="checkbox"/> Other Post Trial </div> <div style="width: 30%;"> HABEAS CORPUS g <input type="checkbox"/> Habeas Petition k <input type="checkbox"/> Petition for the U S Supreme Court gg <input type="checkbox"/> State Court Appearance Writ of Certiorari h <input type="checkbox"/> Evidentiary Hearing i <input type="checkbox"/> Dispositive Motions j <input type="checkbox"/> Appeal </div> <div style="width: 30%;"> OTHER PROCEEDING l <input type="checkbox"/> Stay of Execution o <input type="checkbox"/> Other (Specify) m <input type="checkbox"/> Appeal of Denial of Stay n <input type="checkbox"/> Petition for Writ of Certiorari to the U S Supreme Court Regarding Denial of Stay p <input type="checkbox"/> Clemency </div> </div>					
HOURS AND COMPENSATION CLAIMED			FOR COURT USE ONLY		
15 CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a In-Court Hearings (RATE PER HOUR = \$)		0.00		IN COURT TOTAL	IN COURT TOTAL
b Interviews and Conferences with Client				Category a	Category a
c Witness Interviews				0.00	
d Consultation with Investigators & Experts					
e Obtaining & Reviewing the Court Record				OUT OF COURT TOTAL	OUT OF COURT TOTAL
f Obtaining & Reviewing Documents and Evidence				Categories b-j	Categories b-j
g Consulting with Expert Counsel				0.00	
h Legal Research and Writing					
i Travel					
j Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR =)	0.00	0.00	0.00		
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)					
16 Travel Expenses (lodging, parking, meals, mileage, etc.)					
17 Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):		0.00		0.00	
18 CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			19 APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20 CASE DISPOSITION
21 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
22 IN COURT COMP	23 OUT OF COURT COMP	24 TRAVEL EXPENSES	25 OTHER EXPENSES	26 TOTAL AMT APPROVED \$0.00	
27 SIGNATURE OF THE PRESIDING JUDGE			DATE	27a JUDGE CODE	

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